K21000H13238

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (1) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (December 1) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|---|
| SUBJECT: | Andre's At | fordable Paint ited Liability Company | Ling |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Andre | Mitchell Name of Person | |
| | Hindre's A | ffordable Paint | ting |
| | 2944 112 | W. 1325+ Apt. 12 | <u> </u> |
| | Opa- | Locka FL. 330 City/State and Zip Code | 54 |
| | Andre, mit E-mail address: (1 | chell 767 @ yahoo. | Com fication) |
| For further information co | oncerning this matter, please co | all: | |
| Andre 1 Name of | Mitchell Person | at (386) 560 - Area Code Daytime | - 5293 e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Itudre's Htf | fordable Painting LLC |
|---|--|
| (Name of the Limited (A | Jability Company as it now appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liabi Florida document number L 21000 41323 | lity Company were filed on $9-17-2021$ and assigned 8 |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, enter the new name of th | e limited liability company here: |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: |
| (Principal office address MUST BE A STREET A | (DDRESS) |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | |
| | : 23 |
| D. If amonding the registered agent and/or regis | |
| agent and/or the new registered office address h | stered office address on our records, <u>enter the name of the new register</u> |
| | |
| Name of New Registered Agent: | <u> </u> |
| New Registered Office Address: | |
| | Enter Florida street address |
| _ | , Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being aquest or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>N</u> : | ame | Address | Type of Action |
|--------------|------------|----------------|-----------------------|----------------|
| ₽ Am l | | Andre Mitchell | 2944 NW 1325+ Apt 121 | 🗆 Add |
| | | | opa-locka FL 33054 | □Remove |
| | | | | & Change |
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| D. If amen | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: 1 | te date, if other than the date of filing: |
| ecord is file | |
| Dated _ | 10-13-2021 |
| | Signature of a member or authorized representative of a member |
| | Andre Mitchell Typed or printed name of signee |

Filing Fee: \$25.00